

<p style="text-align: center;"><b>KIDS KLUB ABSENCE REQUEST FORM</b></p>
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**Employee Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date(s) requested: \_\_\_\_\_

Expected date of return: \_\_\_\_\_

Reason for absence (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of previous absences: \_\_\_\_\_

Supervisor's Remarks: (will indicate approval or disapproval) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Program Director's Signature:** \_\_\_\_\_

\_\_\_\_\_ **Approved**      \_\_\_\_\_ **Not Approved**      \_\_\_\_\_ **Date**

**\*All requests must be submitted for approval 10 days prior to date of requested absence.**

**\*Program Director and/or Site Supervisor reserve the right to deny the request.**

**\*Staff members are welcome to appeal denied requests to the Program Director. This process can be done over the phone.**